



# Cape Fear Shag Club

## Membership Application

2024

	CASH	CHECK Check#
Annual:		
New Member:		
Renewal:		

**Applicants, please complete all sections and print to ensure accuracy in our files.**

Cape Fear Shag Club (CFSC) brings together individuals who love the shag dance and its music, and who want to preserve, promote, and share the shag experience with others. We are a private club operated and governed by our members.

New members are voted in by the Board of Directors. The vote will take place after the application has been reviewed. The applicant will be notified by the Membership Committee or the President.

Those applying for membership in November and December will be granted membership through the end of the following year with voting privileges to begin at the January meeting.

**Membership dues must accompany this application. Make checks payable to Cape Fear Shag Club.**

**Annual renewal membership dues are \$120**, providing membership through the end of the following calendar year with no cover charge (excluding special events). Annual membership dues must be paid by January 31.

**Regular new member dues are \$40**, (\$35 + \$5 application fee) providing membership through the end of the following calendar year with a \$15 cover charge for each meeting. After July 1, new membership dues are prorated to \$25 (\$20 + \$5 application fee), providing membership through the end of the current year.

**Renewal regular dues are \$35**, due by January 31 each year with a \$15 cover charge for each meeting. Membership will be terminated if not paid by January 31. Lapsed members will pay the new member rate to reinstate.

**Guest fees are \$15 per meeting.** Individuals may come as a guest twice in a calendar year, and will be required to become a member if wishing to attend more than twice.

Mail application and dues payment to: **Cape Fear Shag Club, PO Box 3762, Wilmington, NC 28406**. Alternately, bring completed application and dues payment to a regularly scheduled CFSC meeting.

Name: _____	Email Address: _____
Mailing Address: _____	City: _____
State _____	Birth Date: _____
Zip: _____	Month: _____ Date: _____
Preferred Phone #: _____	Alternate Phone #: _____

The success of CFSC is directly tied to member participation and support. We ask each member to choose how you will support the club activities. Please place a check next to any committees you will work on and support.

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|---|--|
| <input type="checkbox"/> <b>Membership:</b> Assist in recruiting members, doing door duty at the meetings and social functions  | <input type="checkbox"/> <b>SOS:</b> Assist in planning club SOS events, help with SOS card distribution.            |
| <input type="checkbox"/> <b>Social:</b> Assist in planning and organizing CFSC social events  | <input type="checkbox"/> <b>Special Concerns:</b> Member hospitality.  |
| <input type="checkbox"/> <b>Communication:</b> Contribute or gather articles, photographs, assist in layout and production, assist in contacting members via email or postal. | <input type="checkbox"/> <b>Ways &amp; Means:</b> Assist in CFSC fundraising events.                                 |
| <input type="checkbox"/> <b>Music:</b> Assist in coordinating DJ's for events   | <input type="checkbox"/> <b>Hall of Fame:</b> Assist in recognizing individuals for their contribution to the Dance. |
| <input type="checkbox"/> <b>Historian:</b> Assist in keeping CFSC historical records  | <input type="checkbox"/> <b>ByLaws:</b> Assist in maintaining organization rules.                                    |

None of the committee's appeal to you? Then please suggest putting your unique talents to use in some way we haven't thought of! What skills will you put to work for CFSC?

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### Release from Liability

This release is executed on the date below at Wilmington, New Hanover County, North Carolina by the front names, herein referred to as "releasor". In consideration of being admitted to participate in any activities conducted by the Cape Fear Shag Club, releasor for himself, his spouse, legal representatives, heirs and assigns, hereby releases, waives and discharges Cape Fear Shag Club, its officers and members, (herein referred to as the "releasee"), and each of them from all liability to releasor, releasor's spouse, legal representatives, heirs and assigns; for any and all loss or damage and any claims or damages resulting there from, on account of injury to releasor's person or property, even injury resulting in death of the releasor, whether caused by negligence of releasee or otherwise, while the releasor is for any purpose participating in any activity or function sponsored by Cape Fear Shag Club throughout the releasor's current membership year.

Releasor agrees to indemnify the releasees and each of them from any loss or liability, damage or cost they may incur due to the presence of the releasor at any activity or function sponsored by the Cape Fear Shag Club, whether caused by the negligence of the releasee or otherwise during the releasor's current membership year.

Releasor hereby assumes full responsibility for the risk of bodily injury, death or property damage due to the negligence of the releasee or otherwise while for any purpose participating in any activity or function sponsored by the Cape Fear Shag Club during the releasor's current membership year.

Releasor expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the state of North Carolina and that if any portion hereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect during the releasor's current membership year.

IN WITNESS WHEREOF, releasor(s) has (have) executed this release at Wilmington, North Carolina, the day and year below written. I am over 21 years of age.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Sponsor Signature:  
(for new members only) \_\_\_\_\_

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#### CFSC Use Only:

New Member	<input type="checkbox"/>	Amount Received	Check #	Cash	<input type="checkbox"/>
Renewing Member	<input type="checkbox"/>	Amount Received	Check #	Cash	<input type="checkbox"/>

Date Received:	Date Member List Updated:	To Treasurer:	<input type="checkbox"/>	Member Card:	<input type="checkbox"/>
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